

Incoming, C0070033 K

CC: Amanda

**America West Resources
Wildcat Load Out
3266 South 125 West, Price, Utah 84501
Phone: (435) 636-0820 – Fax: (435) 636-0817**

RECEIVED

MAY 16 2013

DIV. OF OIL, GAS & MINING

May 14, 2013

Mr. Daron Haddock
Utah Coal Program
Utah Division of Oil, Gas and Mining
1594 West North Temple – Suite 1210
Box 145801
Salt Lake City, UT 84114-5801

Dear Daron:

America West Resources respectfully submits the April 2013 – Discharge Monitoring Reports (DMRs) associated with the Wildcat Load Out UPDES Permit UTG040007.

If you have any questions, please feel free to call me at 435-636-0820.

Sincerely,



Kit Pappas
Engineering/Environmental

NAME IPA

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	UTG040007
DISCHARGE NUMBER	001

FACILITY LOCATION Wildcat Loadout

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	MONITORING PERIOD						QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	YEAR FROM	MO 13	DAY 04	YEAR TO	MO 01	DAY 30	MAXIMUM	AVERAGE	MINIMUM	UNITS			
Flow Rate 00056 1 0 0	SAMPLE	*****		(03)	GPD		*****	*****	*****	*****			
Effluent Gross Value 00400 1 0 0	MEASUREMENT	*****					*****	*****	*****	*****			
pH 00530 1 0 0	SAMPLE	*****					*****	*****	*****	*****			
Effluent Gross Value 03582 1 0 0	MEASUREMENT	*****					*****	*****	*****	*****			
Effluent Gross Value 01045 1 0 0	SAMPLE	*****					*****	*****	*****	*****			
Iron, Total (as Fe) 70295 1 0 0	MEASUREMENT	*****					*****	*****	*****	*****			
Effluent Gross Value 70295 1 0 0	SAMPLE	*****		(26)	LBS/DY		*****	*****	*****	*****			
Effluent Gross Value TYPED OR PRINTED	MEASUREMENT	*****					*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KIT PAPPAS/ENV.MGR.											TELEPHONE	DATE	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											435	636-0820	13 05 14
											AREA CODE	NUMBER	YEAR MO DAY

I CERTIFY UNDER PENALTY OF PERJURY THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. I AM AWARE THAT THERE ARE NO PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE OR IMPRISONMENT FOR KNOWING VIOLATIONS, U.S.C. 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT
COMMENT

PERMITTEE NAME/ADDRESS (include Facility Name if Different)
NAME IPA AWR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040-0004

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

UTG040007
DISCHARGE NUMBER
003

FACILITY LOCATION Wildcat Loadout

MONITORING PERIOD
YEAR MONTH DAY
FROM 13 04 01 TO 13 04 30

Check here if No Discharge
NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE						
	SAMPLE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
Flow Rate 00056 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERIODIC REGULARLY RECORDED	*****	(03)	GPD	*****	*****	*****	*****	*****						
pH 00400 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERIODIC REGULARLY RECORDED	*****	*****	*****	*****	*****	*****	*****	1/31 MEASRD						
Solids, Total Suspended 00530 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERIODIC REGULARLY RECORDED	*****	*****	*****	*****	*****	*****	*****	1/31 GRAB						
Oil & Grease 03582 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERIODIC REGULARLY RECORDED	*****	*****	*****	*****	*****	*****	*****	1/31 GRAB						
Iron, Total (as Fe) 01045 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERIODIC REGULARLY RECORDED	*****	*****	*****	*****	*****	*****	*****	1/31 GRAB						
Solids, Total Dissolved 70295 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERIODIC REGULARLY RECORDED	*****	(26)	LBS/DY	*****	*****	*****	*****	1/31 GRAB						
Comments and Explanations of Any Violations (Reference all attachments here)															
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KIT PAPPAS/ENV MGR. TYPED OR PRINTED							TELEPHONE	DATE							
							435 636-0820	13 05 14							
							AREA NUMBER	YEAR	MO DAY						
CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS U.S.C. § 100 AND 33 U.S.C. § 1319. (Penalties under these statutes are set forth in the attached document.)															
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT															

PERMITTEE NAME/ADDRESS (include Facility Name/location if different)
NAME IPA AWR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040-0004

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

PERMIT NUMBER
UTG040007
DISCHARGE NUMBER
004

FACILITY LOCATION Wildcat Loadout

MONITORING PERIOD			
YEAR	MO	DAY	YEAR
FROM 13	04	01	TO 13
			DAY 04
			30

Check here if No Discharge
NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate 00056 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT ***** PARKINSON, DUSTY A.	(03)	GPD	*****	*****	*****	*****	*****	*****	1/31	MEASRD
pH 00400 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT ***** PARKINSON, DUSTY A.	*****	*****	*****	*****	*****	*****	*****	*****	1/31	GRAB
Solids, Total Suspended 00530 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT ***** PARKINSON, DUSTY A.	*****	*****	*****	*****	*****	*****	*****	*****	1/31	GRAB
Oil & Grease 03682 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT ***** PARKINSON, DUSTY A.	*****	*****	*****	*****	*****	*****	*****	*****	1/31	GRAB
Iron, Total (as Fe) 01045 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT ***** PARKINSON, DUSTY A.	*****	*****	*****	*****	*****	*****	*****	*****	1/31	GRAB
Solids, Total Dissolved 70295 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT ***** PARKINSON, DUSTY A.	(26)	LBS/DY	*****	*****	*****	*****	*****	*****	1/31	GRAB
NO DISCHARGE											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KIT PAPPAS/ENV MGR. TYPED OR PRINTED									TELEPHONE	DATE	
									435 636-0820	13 05 14	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									AREA NUMBER	YEAR	MO DAY
<i>Kit J. Pappas</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. I AM AWARE THAT THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRIMENTMENT FOR KICKING VIOLATIONS U.S.C. § 101 AND 33 U.S.C. § 1316 (Penalties under these

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME IPA
ADDRESS 3266 S. 125 WEST
LOCATION AWR

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040-0004

005
DISCHARGE NUMBER

UTG040007
PERMIT NUMBER

FACILITY Wildcat Loadout
LOCATION

Check here if No Discharge

NOTE: Read Instructions before completing this form

RG

MONITORING PERIOD						
YEAR	MO	DAY	YEAR			
FROM	13	04	TO	13	04	30

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow Rate 00056 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT			(03) GPD	****	****	****	****	***** *****	
pH 00400 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	*****	MEASRD
Solids, Total Suspended 00530 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	*****	
Oil & Grease 03582 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*** *** ***	*** *** ***		*** *** ***	*** *** ***	*** *** ***	*** *** ***	1/31 1/31 1/31	GRAB GRAB GRAB
Iron, Total (as Fe) 01045 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	** **	** **		*** ***	*** ***	*** ***	*** ***	***** *****	
Solids, Total Dissolved 70295 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	(26) LBS/DY	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KIT PAPPAS/ENV MGR.									TELEPHONE	DATE
TYPED OR PRINTED										

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED
UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT
QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON
MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY
RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF
MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE
SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE
AND IMPRISONMENT FOR KNOWING VIOLATIONS U.S.C. § 1001 AND 33 U.S.C. § 1319. (Provide Above Three
Names/Promises/Signatures on a separate sheet)

Kit Pappas
Signature of Principal Executive Officer or Authorized Agent

AREA NUMBER	CODE	NUMBER	YEAR	MO	DAY
435		636-0820	13	05	14

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

DISCHARGE NUMBER
006
PERMIT NUMBER
UTG040007

FACILITY Wildcat Loadout
LOCATION

Check here if No Discharge

NOTE: Read Instructions before completing this form

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 13	04	01	TO 13	04	30

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow Rate 00056 1 0 0	SAMPLE MEASUREMENT *****	(03)	GPD	*****	*****	*****	*****	*****	MEASRD
Effluent Gross Value pH 00400 1 0 0	SAMPLE MEASUREMENT *****	*****		*****	*****	*****	*****	*****	MEASRD
Effluent Gross Value Solids, Total Suspended 00530 1 0 0	SAMPLE MEASUREMENT *****	*****		*****	*****	*****	*****	*****	GRAB (19)
Effluent Gross Value Oil & Grease 03562 1 0 0	SAMPLE MEASUREMENT *****	*****		*****	*****	*****	*****	*****	GRAB (19)
Effluent Gross Value Iron, Total (as Fe) 01045 1 0 0	SAMPLE MEASUREMENT *****	*****		*****	*****	*****	*****	*****	GRAB (19)
Effluent Gross Value Solids, Total Dissolved 70295 1 0 0	SAMPLE MEASUREMENT *****	(26)	LBS/DY	*****	*****	*****	*****	*****	GRAB (19)
Effluent Gross Value TYPED OR PRINTED	SAMPLE MEASUREMENT *****	*****		*****	*****	*****	*****	*****	GRAB (19)
									TELEPHONE DATE
									TELEPHONE DATE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KIT PAPPAS/ENV MGR.	<i>Kit Pappas</i>			SIGNATURE OF PRINCIPAL EXECUTIVE			435	636-0820	13 05 14
TYPED OR PRINTED							CODE	NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CERTIFY UNDER PENALTY OF PERjury THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS U.S.C. § 101 AND 33 U.S.C. § 1319 (Penalties under these laws are detailed in the NPDES General Permit for Discharges from Small Construction Activity Sources).

Kit Pappas